

CLIENT SEARCH SCREEN

DH94 STARS
TEST

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Client Search

Providers: Human Services Center Adult Chemical Dependency Treatment Program - Gateway

Last 4 of SSN: 1369 DOB: 11/01/1956 Sex: M First 2 Characters of Mother First Name: SU

Local ID: 009 Unique ID:

Last Name: Smith First Name: Jim

Search Clear Search Criteria

Unique ID	Last Name	First Name	Provider	Local ID
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Add Client Most Recent ADA - Admissions Cancel

1. To access the “Client Search Screen”, begin from the “Actions” menu, click on “Client Search” on the side menu which opens up the “Client Search Screen”.
2. The “Client Search” function only pertains to clients previously entered into STARS from within the agency’s clients.
3. Providers will only see the clients assigned to them and to conduct a search **one** of the following client identification criteria must be entered into the fields: **Unique ID** (Last 4 digits of SSN, DOB, Sex and First 2 characters of Mothers First Name) **Local ID** (This sequence can be determined and assigned by the provider/agency) **Name** (Minimum first 3 letters of Last Name, Optional First Name) or enter the **Last name of the client. Another option if you know the Unique ID, you can paste this into the Unique ID field.**
4. After one or more of the above search information fields are entered, click on “Search” and the results will appear on the screen.
5. Once the client is located, single click on the record identified on the “Client Search Screen” and then on the ADA Admission tab to locate the client from their respective prior admission (s) **If the agency is a single provider, only one of these tabs will appear on the screen.**
6. When clicking on the” ADA Admission” tab, the” ADA Admission/Re-Admission Screen” will open up and list any prior admission (s) for the client

ADDING A CLIENT

1. To **add a new client** from the above screen, enter the unique ID information and First and Last name of the client as outlined in #3 above and then click on the “Add Client” tab. The “Client Information Screen” will then be opened up to complete. **If for some reason the client does not have a SS# or can’t remember this information or the information regarding the mother’s name is not available, then the agency will need to follow the listed procedures;**

To assist your agency in those instances where the correct information cannot be obtained, the Division of Alcohol & Drug Abuse has developed a “work-around” program to assign the last four digits of the social security number field and/or mother’s first two initials. This program will be maintained by the Division, with access only by Division staff. Even though there is a work around program, this is only to be used as a last resort when the unique ID information cannot be found.

Every opportunity should be researched and explored prior to contacting the Division for the assigned last four digits of the social security number field or mother’s first two initials.

The process for receiving an assigned work-around is as follows:

- 1) Staff of each provider should make every reasonable effort to obtain the last four digits of the social security number or the first two initials of the mother’s first name for an individual prior to contacting the Division of Alcohol & Drug Abuse.
- 2) If the last four digits of the social security number or the first two initials of the mother’s first name cannot be obtained, please contact Frank Zavadil with the Division at 605-668-3462 and a computer generated client information will be provided for you to use.

ATTENTION

When adding a new client, STARS will not accept 0001 or 9999 for the last four digits of the SS# or XX for the Mother’s first two initials. Since there is a chance someone’s Social Security Number could end in 0001, the agency will need to contact the Division to have this Unique ID entered into STARS. Once the Division enters the person the provider then can maintain the client’s record.

MOST RECENT CLIENT INFORMATION SEARCH

1. To see the most recent Client Information on a client, click on the client record and then on the “**Most Recent**” tab which opens up the “Client Information Screen” to view this data.”
2. The “Cancel” tab on the “Client Search Screen” will return to the ”STARS Start Up Page”
3. To clear the information on the Client Search Fields, click on the “Clear Search Criteria”
4. The “Add Client”, “Delete” and “MH-Admission” tabs will be enabled based on assigned user security.

Client Information Screen

1. In order to add a new client into STARS, the following steps are required:
Under "Action" on the side menu, click on "Client Search" which opens up the "Client Search Screen"
 2. On the "Client Search Screen" enter the Last 4 digits of SSN, DOB, Sex, First 2 Characters of Mother's First Name, First and Last Name of the client and then click on the "Add Client" tab on the bottom of the screen. This will open up the "Client Information Screen."
 3. The required fields for this screen are based on the "**ADA: Source of Payment**" selected from the dropdown on this screen.
 4. The Home, Work and Cell phone fields are optional fields that can be completed for your record.
- * **ADA Source of Payment = Title XIX. Required Fields:** Last 4 SSN, Birth Date, Sex, First 2 characters of Mother's first name, Medicaid # (Last 9 digits) Street Address, Zip, City, County, State, Primary Race, Ethnicity, and English Proficiency. [\(User Note\) After filling in the Zip code, the system will automatically complete the town and county of residence. Corrections are allowed if necessary.](#)
 - * **ADA Source of Payment = "Contract": Required Fields:** The same fields for Title XIX above except the Medicaid #
 - * **ADA Source of Payment = "Self Pay / Private Pay" or "Other 3rd Party": Required Fields:** Last 4 SSN, Birth Date, Sex, First 2 characters of Mother's first name, County, State, Primary Race, Ethnicity, and English Proficiency.

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General Info

Client Info

Local ID: ☒ *ROI* 2027805

* Last 4 SSN: 7688

* Birth Date: 04/19/1966

* Sex: F

* First 2 characters of Mothers First Name: MH

First Name: Sue MI: M Last Name: Xtra

Street Address: Zip: 57998 City: Bonesteel County of Residence: Gregory State: SD

MH: Source of Payment: ADA: Source of Payment: Contract Ethnicity: Not of Hispanic Origin English Proficiency: Full

Primary Race: American Indian Secondary Race: Tertiary Race:

Home Phone #: Work Phone #: Cell Phone #:

Mother's Information (Adolescent Clients Only)

First Name: MI: Last Name: Age: Home Phone #: Work Phone #:

Street Address: Zip: City: County of Residence: State: SD

Father's Information (Adolescent Clients Only)

First Name: MI: Last Name: Age: Home Phone #: Work Phone #:

Street Address: Zip: City: County of Residence: State: SD

Guardian's Information (Adolescent Clients Only)

First Name: MI: Last Name: Age: Home Phone #: Work Phone #:

Street Address: Zip: City: County of Residence: State:

- * **ADA Source of Payment = "State Employee Ins": Required Fields:** All fields required except the Non-Required Fields mentioned below:
 - * **Non-Required Fields Regardless of Payment Source:** MI; Alias Name; Maiden Name; Full SSN, Last 4 digits of the Zip Code; Secondary Race; Tertiary Race; Local ID; Mother's, Father's, and Guardian's Information.
4. **The Release if Information "ROI" box** in the upper left hand of the screen will need to be checked only when the "ADA Source of Payment" is Contract, or Title XIX or State Employee Ins. When checking this box, the **agency first must obtain a release of information** from the client allowing client identifiable information to be released to the State for reimbursement purposes.
 5. After entering all required information, click on the "Save" tab to retain the record
 6. The "Cancel" tab will return to the "Client Search" Screen